

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

5953

1. PLACE OF DEATH

96 County St. Louis Registration District No. 788
12 Township Central Primary Registration District No. 4471
8 City Webster Groves (No. 35 Jefferson Rd. St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Edwin Spurgeon Healey
(a) Residence, No. 35 Jefferson Rd. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 31 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 1859
7. AGE YEARS 72 MONTHS 5 DAYS - If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glenco Lumber & Cement Co.
10. Date deceased last worked at this occupation (month and year) Feb 27 - 1932 11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (CITY OR TOWN) Thomaston 2 (STATE OR COUNTRY) Maine

13. NAME W. S. D. Healey

14. BIRTHPLACE (CITY OR TOWN) Thomaston (STATE OR COUNTRY) Maine

15. MAIDEN NAME Betsy York Drinkwater

16. BIRTHPLACE (CITY OR TOWN) Thomaston (STATE OR COUNTRY) Maine

17. INFORMANT Edwin Spurgeon Healey (ADDRESS) Webster Groves

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla cemetery DATE March 1, 1932

19. UNDERTAKER Parker Undertaking (ADDRESS) Webster Groves

20. FILED 3/1 1932 Dr. A. W. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/28/32, 1932, to 2/29/32, 1932.
I last saw him alive on 2/28/32, 1932. Death is said to have occurred on the date stated above, at 4 A. m. (about).
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Coronary Sclerosis
Indigestion
Other contributory causes of importance none
Date of onset ?

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____

(Signed) Frank P. Gaunt, M. D.
(Address) 16 N. Gore St., Webster Groves, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 29 1932

Account